DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. AA-537F

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>Absorbent Interlabial Device</u> the specification of which

(check [] is attached hereto.
one) [X] was filed on 24 January 2001 as United States Application No. or
PCT International Application Serial No. PCT/US01/02326
and was amended on

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed		
(Number)	(Country)	(Day/Month/Year Filed)	Yes No		
I hereby claim the benefit listed below.	under Title 35, United	States Code §119(e) of any Unit	ed States provisional application(s		
•	Filing Date nder Title 35, United Sta	Application Serial No. ates Code §119(e) of any United S	Filing Date tates provisional application(s) liste		
below.					
Application Serial No.	Filing Date	Application Serial No.	Filing Date tes application(s), or §365(c) of ar		

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

		Associate Power of Attorney Attached		
Atty Name	Atty Reg Number.			
		[]Yes	[X] No	
Stephen W. Miller	31,984		•	
Karen F. Clark	32,974			
Michael E. Hilton	33,509			
Ken K. Patel	33,988		•	
Tara M. Rosnell	35,994			
David L. Suter	30,692			
Kim William Zerby	32,323			
T. David Reed	32,931			

Page 2 of 2 Attorney Docket No. AA-537F

Timothy B. Guffey

41,048

•					
SEND CORRESPONDENCE	TO:				
Attorney or Agent's Name:	T. David Reed				
The Procter & Gamble Compa		nical Center	(513) 627-7025		
Company Name			Phone No.		
5299 Spring Grove Avenue,	Cincinnati	Ohio	45217	USA	
Street	City	State	Zip Code	•	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Chie (NMN) Ohba Inventor's signature C a DW	4/03/200/
Inventor's signature	Date
Residence 3-6-30-503 Kaminoki-dori, Nada-ku, Kobe, Hyogo 657-0057, Ja	<u>apan</u>
Citizenship Japan	
Post Office Address c/o Procter & Gamble Far East, Inc., 17 Koyo-cho Naka 1-	chome,
Higashinada-ku Kobe 658-0032 Japan	